

John Elias Baldacci  
*Governor*



State of Maine  
DEPARTMENT OF HUMAN SERVICES  
Augusta, Maine 04333

May 13, 2003

**TO:** Interested Parties

**FROM:** Eugene Gessow, Director, Bureau of Medical Services

**SUBJECT:** Proposed Rule: Chapter II of Section 31, Federally Qualified Health Center Services, of the MaineCare Benefit Manual.

Attached, please find a copy of the proposed rules, Chapter II, Section 31, Federally Qualified Health Center Services, of the MaineCare Benefits Manual.

This rule change proposes a member copayment requirement. This is not an emergency rule - and if it were there wouldn't be a hearing. This is in accordance with PL 2003, Chapter 20, An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2004 and June 30, 2005.

Interested parties are directed to the State of Maine, Bureau of Medical Services web site for a full copy of the proposed rule changes at <http://www.state.me.us/bms/rulemaking/>. Locate the proposed MaineCare Benefits Manual, Chapter II, Section 31, Federally Qualified Health Center Services, and click on the document symbol to download the file. This notice also provides information regarding the rule-making process. Please address all comments to the agency contact person identified in the attached notice.

A public hearing has been scheduled at 1:00 pm on June 9, 2003 in conference room 1A, 442 Civic Center Drive, Augusta, Maine. Anyone in need of special accommodations for any scheduled public hearing is asked to contact Policy & Provider Services no later than June 4, 2003 at 287-9368 or at 1-800-423-4331 (Deaf/Hard of Hearing).

# NOTICE OF AGENCY RULE-MAKING PROPOSAL

**AGENCY:** Department of Human Services, Bureau of Medical Services

**RULE TITLE OR SUBJECT:** Chapters II, Section 31, Federally Qualified Health Center Services.

**PROPOSED RULE NUMBER:**

**CONCISE SUMMARY:**

Revisions to this rule include the addition of a member copayment requirement.

See <http://www.state.me.us/bms/rulemaking/> for rules and related rulemaking documents.

**THIS RULE WILL** ☐ **WILL NOT** ☒ **HAVE A FISCAL IMPACT ON MUNICIPALITIES.**

**STATUTORY AUTHORITY:** 22 M.R.S.A. § 42, § 3173 and PL 2003, Chapter 20, An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2004 and June 30, 2005.

**PUBLIC HEARING:**

June 9, 2003 at 1:00 p.m.  
Conference Room 1A  
Bureau of Medical Services  
442 Civic Center Drive  
Augusta, Maine 04333-0011

Any interested party requiring special arrangements to attend the hearing must contact the agency person listed below before June 4, 2003.

**DEADLINE FOR COMMENTS:** June 20, 2003

**AGENCY CONTACT PERSON:** Robert Gross, Comprehensive Health Planner  
**AGENCY NAME:** Policy & Provider Services, Bureau of Medical Services  
**ADDRESS:** 11 State House Station  
442 Civic Center Drive  
Augusta, Maine 04333-0011  
**TELEPHONE:** 207-287-9366 Fax: 207-287-9369  
TTY: 1-800-423-4331 or 207-287-1828 (Deaf/Hard of Hearing)

---

**PLEASE APPROVE BOTTOM PORTION OF THIS FORM AND  
ASSIGN APPROPRIATE MFASIS NUMBER**

**APPROVED FOR PAYMENT** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Authorized Signature

FUND	AGENCY	ORG	APP	JOB	OBJT	AMOUNT
010	10A	3010	012			

10-144 CH. 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

**SECTION 31 FEDERALLY QUALIFIED HEALTH CENTER SERVICES**

9/1

documentation showing that the Health Resources and Services Administration (HRSA) had approved its change in scope of project, and a cost report reflecting at least six (6) months of financial data and narrative documenting the change. The Department will respond to the Health Center's request for a rate adjustment within sixty (60) days. If the Department determines that a related rate adjustment is warranted, the incremental cost per encounter from this change may be added to the calculations that set the existing rate, and a new rate may be established. This new rate will be based on the reasonable costs associated with the CMS-approved changes as determined by the Department, and will become effective on the date the change of scope was implemented by the FQHC.

An FQHC change in scope of service may also be based on a change specifically approved by the Commissioner of the Department of Human Services.

In accordance with Chapter I of the MaineCare Benefits Manual, it is the responsibility of the provider to ascertain from each member whether there are any other resources (private or group insurance benefits, workers' compensation, etc.) that are available for payment of the rendered service, and to seek payment from such resources prior to billing MaineCare.

31.08 **COPAYMENT**

A. Providers will charge a copayment to each MaineCare member receiving services, unless exempt per the provisions of Chapter I of the MaineCare Benefits Manual. The amount of the copayment shall not exceed \$3.00 per day for services provided, according to the following schedule:

<u>MaineCare Payment for Service</u>	<u>Member Copayment</u>
<u>\$10.00 or less</u>	<u>\$.50</u>
<u>\$10.01 - 25.00</u>	<u>\$1.00</u>
<u>\$25.01 - 50.00</u>	<u>\$2.00</u>
<u>\$50.01 or more</u>	<u>\$3.00</u>

B. The member shall be responsible for copayments up to \$30.00 per month whether the copayment has been paid or not. After the \$30.00 cap has been reached, the member shall not be required to make additional copayments and the provider shall receive full MaineCare reimbursement for covered services. Providers are subject to the Department's copayment requirements. Refer to Chapter I, General Administrative Policies and Procedures for rules governing copayment requirements, exemptions and dispute resolution.

31.0809 **BILLING INSTRUCTIONS**

Billing must be accomplished in accordance with the Department's "MaineCare Billing Instructions for HCFA-1500 Claim Form."